

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000051588	
1. Entity Name CASTLEWORKS, INC.	
Principal Place of Business 833 N MAGNOLIA AVE ORLANDO, FL 32803	Mailing Address 833 N MAGNOLIA AVE ORLANDO, FL 32803



DO NOT WRITE IN THIS SPACE

01202005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3525491	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
JONES, RIAL J 833 N MAGNOLIA AVE ORLANDO, FL 32803	

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, SCOTT 833 N MAGNOLIA AVE ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, RIAL J 833 N MAGNOLIA AVE ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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000000215223
02/08/05-80016-012 150.00

**DO NOT WRITE
IN THIS SPACE**

000000219155
02/08/05-80016-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____